



**WORKERS
COMPENSATION
APPLICATION**

40950 Woodward Ave, Ste 340 • Bloomfield Hills, MI 48304
248-549-3519 / Fax 249-594-4260
www.hudsonmuma.com

Producer: _____

Company Name: _____ Start Date: _____

Tax ID number: _____ FEIN/SSN: _____

Contact Name: _____ Title: _____

Home Phone: _____ Work Phone: _____

Fax: _____ E-mail: _____

Mailing Address: _____

Premises Address: _____

Nature of Business *(detailed description of operations)*: _____

Year business started: _____

Prior Insurance Carrier: _____

Policy Number: _____ Effective dates (M/Y): _____

Is company canceling coverage? YES NO

Please explain if yes: _____

Total premium \$ _____ Any claims in the last 5 years? YES NO
 (if yes, explain in REMARKS Section)

PAYROLL INFORMATION

Class Description	# Full Time Empl.	# Part Time Empl.	Est. Annual Payroll
Clerical			
Outside Sales			

UNDERWRITING INFORMATION

We are going to need the following information to get your workers compensation quote. Please explain all yes answers in the section below.

- | | | |
|--|------------------------------|-----------------------------|
| Do you own, operate or lease aircraft/watercraft? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do/have past, present, or discontinued operations involve(d) storing, treating, discharging, applying, disposing, or transporting hazardous material? Any work performed underground or above 15 feet? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Any work performed on barges, vessels, docks, bridge over water? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you engaged in any other type of business? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are sub-contractors used? (If yes, <input style="width: 80px; height: 15px;" type="text"/> % of work subcontracted.) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Any work sublet without certificate of insurance? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is a written safety program in operation? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Any group transportation provided? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Any employees under 16 or over 60 years of age? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Any seasonal employees? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is there any volunteer or donated labor? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Any employees with physical handicaps? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do employees travel out of state? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are athletic teams sponsored? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are physicals required after offers of employment are made? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Any prior coverage declined, cancelled, non-renewed (last 3 years)? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are employee health plans provided? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is there a labor interchange with any other business/subsidiary? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you lease employees to or from other employers? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Any tax lines or bankruptcy within the last 5 years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Any undisputed and unpaid workers compensation premium due from you or any commonly managed or owned enterprises | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do any employees predominantly work at home? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you lease workers from a labor contractor? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you seeking to cover leased workers? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you provide temporary labor services to other employers? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you have a franchise or licensing agreement? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Do you or your employees regularly operate from a base terminal which is used to load, unload, store or transfer freight?
<i>(if Yes, please provide a list of terminal addresses)</i> | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Has there been a name change, consolidation, merger or ownership change during the past five years? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

Explain Yes Answers:

--

OWNERS / OFFICERS EXCLUDE

NAME	TITLE	OWNERSHIP %	D.O.B.	EXCLUDE?	Est. Annual Payroll
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	
				<input type="checkbox"/>	

REMARKS

--

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR ANOTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS THE PERSON TO CRIMINAL AND [NY: SUBSTANTIAL] CIVIL PENALTIES. (Not applicable in CO, HI, MA, NE, OH, OK, OR or VT; in DC, LA, ME, TN and VA, insurance benefits may also be denied)

Name: (Please Print) _____
Signature: _____ Date: _____
Title: _____
Applicant/Firm: _____